Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QA2
County of Los Angeles			199 	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00
Event Description Dodgers Provide Title/Expl.	anation	Date(s) 5	,14 ,2019	
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: Dodg€	ers Name of Soi	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	Number of			NA JOHA
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🗖
		Ceremonial Role If checking "Ceremon	Other later of "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification Nave read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
	a Garcia Print Nan	Ticke	t Administrator	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

Peremonial Note Events and Tic	Reurass	סווסוווטענוטווס		A Public Documen	
. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable		For Official Use Only			
Board of Supervisor, First District	Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1		
Barbara Garcia, Ticket Administrator				<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information			4	5.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00	
Event Description Dodgers		Date(s) 5	, 15 , 2019		
Provide Title/Expl.		Dodge	ers		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	ırce	
Was ticket distribution made at the behest	No⊠ Yes	If yes:			
of agency official?			Official's Name (L	ast, First)	
Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Staff	2	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followly		
(Lest, First)	Pass(es)	Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant (o the agency's policy	
			A - A - A - A - A - A - A - A - A - A -		
Verification					
I have read and understand FPPC Regulations 18944.1 and Barbara			orth above, is in accordance with t Administrator	the requirements.	
Signature of Agency Head of Designee	Print Nam	ne	Tille	(Month, Day, Year)	
Comment:					

Agency Name			Date Stamp	California O A
County of Los Angeles	William The Control of the Control o		1 Date Clamp	California 80
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisor, First District	minuscrious seus mons mons	ANNE MARIE 1934 CONTRACT CHIMA CONTRACT	1	
Designated Agency Contact (Name, Title)			4	0
Barbara Garcia, Ticket Administrator		With the state of		<u> </u>
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			Γ.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 4	5.00
Event Description Dodgers		The state of the s	,27 2019	
Provide Title/Expla	anation	Date(s) 5		L N N
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: Dodge	ers Name of Soc	ırce
Vas ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients				,
• Use Section A to identify the agency's department or i	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 (k)		
3. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other I lat Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
/aulflacklass				
/erification have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set &	orth above is in accordance	the requirements
Barbara			t Administrator	(al. 1.4
Barbara		licke	LAGITITISCIALUI	VC 10 101
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

				A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable		For Official Use Only			
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
213-974-4111 bgarcia@bos	.lacountv.g	OV	Date of Original Filing:		
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	5.00	
	Yes W No		, 28 2019		
Event Description Dodgers Provide Title/Explain	anation	Date(s) 5	,,20 ,,2019	/	
		Dodge	ers		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soul	rce	
Was ticket distribution made at the behest	No⊠ Yes	If yes:			
of agency official?		, ,	Official's Name (La	ast, First)	
3. Recipients					
Use Section A to identify the agency's department or to	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Staff	2	Per ticket policy 5.3	(k)		
	7				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g	
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🔲	
		Ceremonial Role	Other		
			ial Role" or "Other" describe below:	Income	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	Vinedas, J. P. J., Vinedas, J. P. J.	
(include address and description)	Pass(es)			a and agentaly a policy	
Verification					
I have read and understand FPPC Regulations 18 <u>944.1 and</u>					
Signature of Agency Head or Designee	a Garcia Print Nar		t Administrator	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California QQ2
County of Los Angeles			,	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District		·	1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator		Control of the second Antenna (Miles Civing Control of the Control		
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 45	5.00
Event Description Dodgers		Date(s) 5	, 29 , 2019	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or it.	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	ig:
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.1 and Barbara			orth above, is in accordance with t Administrator	the requirements.
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:			i)	

County of Los Angeles Division, Department, or Region (if Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number	Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
County of Los Angeles Division, Department, or Region (if Applicable) For Official Use Only	1. Agency Name			Date Stamp	California Ong
Bard of Supervisor, First District Designated Agency Contact (Name Trile) Barbara Garcia, Ticket Administrator Area Gode/Phone Number E-mail 213-974-4111 Describe agency have a ticket policy? Yes No Date of Original Filing: (Month, Day, Yes) Face Value of Each Ticket/Pass \$ 45.00 Event Description Degers Event Description Degers Event Description Degers Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes Date(s) 5 30 2019 Date(s) 5 30 2019 Date(s) 5 30 2019 Date(s) 5 30 2019 Date(s) 6 30 2019 Date(s) 7 30 2019 Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No No Yes Dodgers * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Number of Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual Number of Ticket(s)/Pass(es) Per ticket policy 5.3 (k) B. Name of Outside Organization (Include address and description) Number of Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) Pass(es) Ticket Administrator File (Accing Temenoral Race or Other describe below. Pass(es) Provide Title Administrator Ticket Administrator Ticket Administrator Ticket Administrator Ticket Administrator Ticket Administrator	County of Los Angeles				
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filling: (Month, Day, Year) Date of Original Filling: (Month, Day, Year) Provider TitleReplanation Does the agency have a licket policy? Year No Pace Value of Each Ticket/Pass Event Description Dodgers Date(e) S 30 2019 Date of Original Filling: (Month, Day, Year) Provider TitleReplanation Provide TitleReplanation Ticket(s)/Pass(es) provided by agency? Year No Year If no Dodgers If year Official's Name (Leaf, First) Asserted Starting No Year If year Official's Name (Leaf, First) Recipients Official's Name (Leaf, First) A Name of Agency, Department or Unit Number of Ticket(s) Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Number of Ticket(s) Fase(es) Ceremonial Role Other Income If concing Teremonial Role Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s) Ticket(s) Pass(es) Ticket Administrator T	Division, Department, or Region (If Applicable	le)		4	For Official Use Only
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filling: (Month, Day, Year) Date of Original Filling: (Month, Day, Year) Provider TitleReplanation Does the agency have a licket policy? Year No Pace Value of Each Ticket/Pass Event Description Dodgers Date(e) S 30 2019 Date of Original Filling: (Month, Day, Year) Provider TitleReplanation Provide TitleReplanation Ticket(s)/Pass(es) provided by agency? Year No Year If no Dodgers If year Official's Name (Leaf, First) Asserted Starting No Year If year Official's Name (Leaf, First) Recipients Official's Name (Leaf, First) A Name of Agency, Department or Unit Number of Ticket(s) Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Number of Ticket(s) Fase(es) Ceremonial Role Other Income If concing Teremonial Role Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s) Ticket(s) Pass(es) Ticket Administrator T	Board of Supervisor, First District	A			
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Month, Day, Yest) 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Month, Day, Yest) 2 Function or Event Information Does the agency have a ticket policy? Yest No Pace Value of Each Ticket/Pass s 45.00 Event Description Dodgers Date (e) 5 30 2019	Name of the second seco				
Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Month, Day, Yest) 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (Month, Day, Yest) 2 Function or Event Information Does the agency have a ticket policy? Yest No Pace Value of Each Ticket/Pass s 45.00 Event Description Dodgers Date (e) 5 30 2019	Barbara Garcia, Ticket Administrator				
213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filling: (homiti. Day. Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Description Podgers Event Description Podgers Frovide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Describe the public purpose made pursuant to the agency's policy Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) B. Name of Individual (ast ren) Per ticket policy 5.3 (k) Per ticket policy 5.3 (k) Ceremonial Role Other Image of the following: Income Income Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Image of the public purpose made pursuant to the agenc				Amendment (Must p	rovide explanation in Part 3.)
Pertication		s.lacounty.g	ov	Date of Original Filing:	(Month Day Year)
Event Description Dodgers Frovide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: Was ticket distribution made at the behest of agency official? Name of Agency Official? Name of Agency Department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. Number of Ticket(s)/Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (fast, First) Staff Ceremonial Role Other Income Incom	2. Function or Event Information			J	
Event Description Dodgers Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Dodgers Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Staff Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role	Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$ 4	5.00
Ticket(s)/Pass(es) provided by agency? Yes No Inc. No Inc. No	And the second s		The state of the s		
Was ticket distribution made at the behast of agency official? Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Name of Agency, Department or Unit - Number of Ticket(s)/ Pass(es) Staff - Per ticket policy 5.3 (k) - Per ticket policy 5.3 (k) - Recipients - Use Section C to identify an outside organization. Number of Ticket(s)/ Pass(es) - Per ticket policy 5.3 (k) - Recipients - Use Section C to identify an outside organization. Number of Ticket(s)/ Pass(es) - Per ticket policy 5.3 (k) - Recipients - Per ticket policy 5.3 (k) - Recipients - Recipients - Recipients - Recipients - Recipients - Recipients - Use Section C to identify an outside organization. Number of Ticket(s)/ Pass(es) - Recipients	Event Description Provide Title/Exp	olanation	Date(s)	<u> </u>	
Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s) Per ticket policy 5.3 (k) B. Name of Individual Number of Ticket(s) Pesse(s) Recipients Caremonial Role Other Income In	Ticket(s)/Pass(es) provided by agency?	Yes No	⋉ If no: Dodge		urce
- Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section A to identify an outside organization. - Name of Agency, Department or Unit Toket(s)		No⊠ Yes	If yes:		
Staff A. Name of Agency, Department or Unit Teket(s) Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, Farg) Number of Ticket(s) Pass(es) Ceremonial Role (If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role (If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s) Pass(es) Ticket(s) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Ticket(s) Pass(es) Pass(es) Pass(es) Pass(es) Ticket(s) Ticket(Omoidi à realite (E	east, i noty
A. Name of Agency, Department or Unit Number of Pass (es)		unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
B. Name of Individual (Last /780) Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income		Number of Ticket(s)/	the state of the s		TANK BOOKERSON AND A STREET
Ceremonial Role Other Income In	Staff	2	Per ticket policy 5.3 (k)		
Ceremonial Role Other Income I				Identify one of the follow	ng:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day, Year)	transfer and	Pass(es)	\$100 M 100 M	Other	, T
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			Ceremonial Role	Other	Innome
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Ticket Administrator Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator We used the public purpose made pursuant to the agency's policy Pass(es) Ticket Administrator We used the public purpose made pursuant to the agency's policy Ticket Administrator We used the public purpose made pursuant to the agency's policy Pass(es)			And the second s	Andrew Commencer and the Comme	mone E
Signature of Agency Head or Designee Print Name Ticket Administrator Ticket Administrator Title (Month, Day, Year)		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Signature of Agency Head or Designee Print Name Ticket Administrator Ticket Administrator Title (Month, Day, Year)					
Signature of Agency Head or Designee Print Name Ticket Administrator Ticket Administrator Title (Month, Day, Year)					
Barbara Garcia Ticket Administrator Ve 119 (Month, Day, Year)	100 100 100 100 100 100 100 100 100 100		Marie tours source de marie en		
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)					- 1 1 2
	Comment				

Ceremonial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or F	Region (If Applicable	e)		1	For Official Use Only
Board of Supervisor, First	Board of Supervisor, First District				
Designated Agency Conta					
Barbara Garcia, Ticket Adı	ministrator				
Area Code/Phone Number				Amendment (Must p	rovide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Marile 5 - Va.)
2. Function or Event Inf	ormation				(Month, Day, Year)
Does the agency have a tid		Yes No	Face Value of	of Each Ticket/Pass \$	5.00
	·	100-		,31 ,2019	
Event Description Dodger	Provide Title/Exp.	lanation	Date(s) 5	<u> </u>	
Ticket(s)/Pass(es) provided	d by agency?	Yes□ No	If no: Dodge	ers	
, , , , , , , , , , , , , , , , , , ,	, -go, .			Name of Soil	urce
Was ticket distribution mad of agency official?	le at the behest	No⊠ Yes	If yes:	Official At a	
				Official's Name (L	.ast, First)
3. Recipients					
Use Section A to identify the ag		Number of	a sitting was passed to the April	And the second second second second	College Tarity and early to the college
A. Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff		2	Per ticket policy 5.3	(k)	
B. Name of Indivi		Number of			
(Lest, First)	uuai	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income 🔲
			If checking "Ceremon	ial Role" or "Other" describe below:	
					0 (1995)
The control of the co			A		
			Ceremonial Role If checking "Ceremoni	Other Garage Other and American Scribe Selow:	Income
		A MAN BOW			
C. Name of Outside Ord (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					The state of the s
	9				
. Verification					
I have read and understand FPPC Re				S 01 10 10 10 10	the requirements.
Mbron		a Garcia	Ticke	t Administrator	64114
Signature of Agency Head or Desig	inee	Print Nan	ne	Title	(Month, Day, Year)
Comment					
Comment:					FPPC Form 802 (4/12)
			F	FPPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
County of Los Angeles	V			Form 802
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisor, First District	and the second		1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
Event Description Dodgers		Date(s) 6	,01 ,2019	
Provide Title/Exp	olanation	Contract Con		J P
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	Prs Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3 (k)		
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	ue nume anno anno e e e e e e e e e e e e e e e e e e
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	1 455(63)			
		1	77 767	(CO) = nor avaller programme and con-
*				
l. Verification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	d 18942. I have v	erified that the distribution set for	orth above, is in accordance with	the requirements
IL /) VI	ra Garcia		t Administrator	41119
Signature of Agency Head or Designee	Print Nan		Title	
			rine	(Month, Day, Year)
Comment:				

Cer	emonial Role Events and Ticl	ket/Pass	s Distributions		A Public Document
1. A	gency Name			Date Stamp	California OOO
Co	ounty of Los Angeles				Form 802
Di	vision, Department, or Region (If Applicable,)			For Official Use Only
Вс	pard of Supervisor, First District				
	esignated Agency Contact (Name, Title)				
Ba	rbara Garcia, Ticket Administrator		Actual models - Commonwell Manager - Westing - Market - Miller - M		
	ea Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
21	3-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Information				
Do	pes the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$ 45	5.00
Ev	rent Description Dodgers Provide Title/Expla		Date(s) 6	,02 ,2019	
Tie	1 1/ 1/2		If no: Dodge	Prs Name of Sour	770
	as ticket distribution made at the behest f agency official?	No⊠ Yes	If yes:	Official's Name (La	
3. R	ecipients			,	
	Ise Section A to identify the agency's department or u	nit. • Use Se	ection B to identify an individu	ual. • Use Section C to identif	y an outside organization.
A	. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
St	aff	2	Per ticket policy 5.3	(k)	
В	Name of Individual	Number of			
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremoni	Other Galler or "Other" describe below:	Income 🔲
			Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income 🔲
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
ha	rification e read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticke	orth above, is in accordance with t Administrator Title	the requirements. (Month, Day, Year)
Co	mment:				